

OPERATION UPDATE

Country| Emergency

Emergency appeal №: MDRCD043 Emergency appeal launched: 20/02/2024 Operational Strategy published: 15/04/2024	Glide №: OT-2024-000029-COD
Operation update #6 Date of issue: 28/02/2026	Timeframe covered by this update: From 01/10/2025 to 28/02/2026
Operation timeframe: 25 months 20/02/2024 – 31/12/2026	Number of people being assisted: 500,179
Funding requirements (CHF): CHF 30 million through the IFRC Emergency Appeal CHF 50 million Federation-wide	DREF amount initially allocated: CHF 750,000

To date, this Emergency Appeal, which seeks CHF 30,000,000, is 12 per cent funded, while the humanitarian needs for displaced populations in Eastern DRC remain extremely high. This led the DRC Red Cross to request an extension of the appeal, and additional contributions will help the National Society to maintain essential services.



*Mouvement de population toujours d'actualité au mois de février – Village de Rubaya, Territoire de Masisi, Nord-Kivu.
 Crédit photo : Service Communication, Croix-Rouge du Nord-Kivu.*

A. SITUATION ANALYSIS

Description of the crisis

Eastern Democratic Republic of Congo (DRC) continues to face one of the world's most complex and protracted humanitarian crises, driven by conflict, displacement, and recurrent natural hazards. More than 5.2 million internally displaced people are concentrated in North Kivu, South Kivu, and Ituri, with 96% displaced due to armed violence. These provinces, historically marked by weak governance, chronic poverty, and limited access to services, are also rich in minerals, making them hotspots for contestation and insecurity.

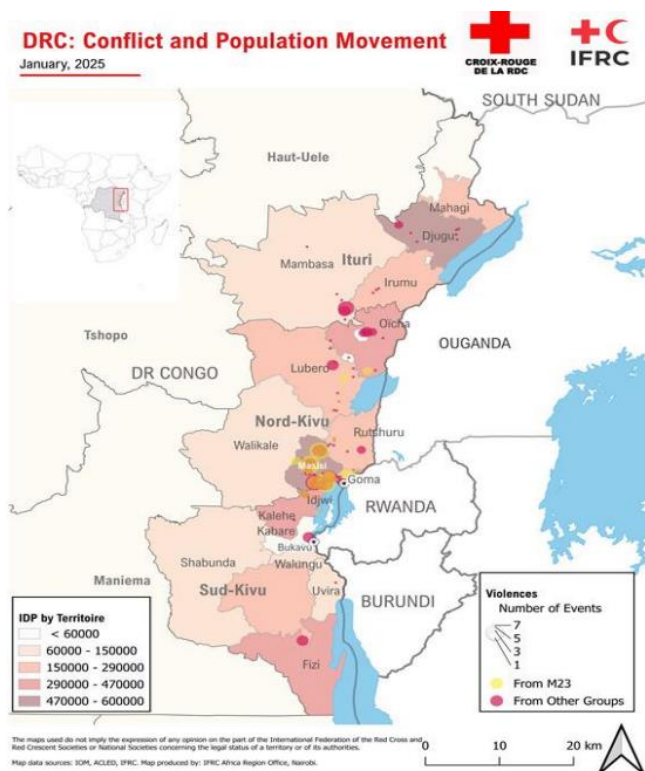
Since 2024, conflict between FARDC/Wazalendo forces and the M23 armed group has sharply intensified. The situation deteriorated further from August 2024, particularly following M23's advance through Lubero and towards southern North Kivu. Major urban centers including Goma, Butembo, Minova and Sake have experienced repeated waves of violence and mass population movements. The fall of Goma in January 2025 triggered an exodus of hundreds of thousands, the closure of displacement sites, and premature, unsafe returns in surrounding territories.

The crisis is now characterized by simultaneous mass displacement and forced or premature returns, particularly in Masisi, Rutshuru, Kalehe, Minova, and Uvira. Many families return to destroyed homes, looted villages, or contested land, with over 60% living in damaged shelters and more than one-third facing land access challenges (IFRC, Oct. 2025). Communities returning to insecure environments face heightened risks of gender-based violence, forced recruitment, extortion, and exploitation. Women-headed households, representing nearly half of returnees, are disproportionately affected due to limited access to land, credit, and livelihood opportunities.

These trends are straining host communities already challenged by poverty, food insecurity, and limited infrastructure. Rising tensions over land, water points, and aid further threaten social cohesion.

Recent Escalation and Key Events

- **August – October 2024:** Ceasefire agreements between DRC and Rwanda (Luanda, July 2024) fail to hold as clashes continue.
- **January 2025:** Fighting escalates in Goma's outskirts, culminating in a full-scale assault on the city.
- **January 25, 2025:** M23 seizes large parts of Goma, including the airport, triggering mass displacement.
- **January 29, 2025:** Goma falls completely under M23 control, marking the beginning of their advance towards South Kivu.
- **February 2025:** WHO reports 3,082 injured civilians, with 843 deaths in medical facilities since late February. The total casualty count since March 2024 stands at 6,151.
- **By June 2025:** Over 1.03 million IDPs and 2.01 million returnees were recorded in North Kivu. Fighting in Rutshuru, Masisi, Lubero and Walikale caused repeated new displacements, with 61 civilians killed and more than 766 houses burned in Bwito alone. Attacks by ADF in Lubero killed 35 civilians in June, while Goma and Nyiragongo reported over 6,300 cases of Mpox (OCHA, June 2025).



- **August 2025:** North Kivu and South Kivu provinces continued to face major security challenges. Repeated attacks by ADF in North Kivu, combined with the war waged by the Congo River Alliance / M23 (AFC/M23) in both provinces, further undermined civilian security. Nearly 138,000 people were newly displaced in Masisi, resulting in 1,335 documented violations and abuses (Protection Cluster, Sept. 2025).
- **In Ituri:** Violence surged in July–August 2025, displacing over 122,000 people in Djugu and 50,000 in Irumu. By end of August, Djugu hosted 623,000 IDPs and Irumu nearly 191,000 (OCHA, Aug 2025).
- **Late 2025 – South Kivu (Uvira):** The advance and takeover of Uvira by the AFC/M23 marked a major expansion of the conflict into a strategic urban and cross-border hub. According to preliminary inter-cluster estimates, close to **600,000 people** were displaced or affected by population movements linked to the Uvira crisis, including large-scale new and secondary displacement across Uvira, Ruzizi, and Fizi territories. Movements included intra-urban displacement, displacement towards surrounding rural areas and neighbouring territories, as well as limited cross-border movements.

Since early 2025, hostilities have reached unprecedented levels, directly impacting urban centres such as Goma, Sake, Minova, and Uvira, where thousands of families have fled multiple times. The fall of Goma and the subsequent expansion of the conflict into South Kivu resulted not only in new displacements but also in premature and unsafe returns, as communities sought refuge in partially secured zones. Assessments conducted by the DRC Red Cross and the IFRC (May–June 2025) confirm that more than 40% of returnees had no access to basic shelter, while 28% were living in schools or public buildings, highlighting the growing overlap between displacement and return dynamics.

RDC – Key humanitarian and political highlights (March – September 2025)

- **March 2025:** The fall of Goma confirmed, leading to massive displacement towards South Kivu.
- **April 2025:** Fighting intensified in Masisi and Rutshuru; displacement camps around Goma emptied.
- **May 2025:** Floods and landslides in Kalehe worsened the humanitarian crisis.
- **June 2025:** More than one million IDPs registered and a surge of Mpox (>6,300 cases) reported in Goma/Nyiragongo.
- **July 2025:** Massive displacements in Ituri and severe human rights violations in North Kivu.
- **August 2025:** Nearly 138,000 new displacements and 1,335 protection violations reported in Masisi.
- **September 2025:** Prolonged displacement saturating South Kivu; humanitarian funding remains insufficient.
- **From September 2025:** AFC/M23 authorities refuse to recognize official travel documents issued by Kinshasa, further restricting population movements and access to services.

In parallel to these events, localized peace initiatives and humanitarian access negotiations have been attempted but remain fragile. Insecurity persists along key transport corridors, disrupting supply chains and access to humanitarian assistance. Despite sporadic returns, most families lack the means to rebuild livelihoods or restore their assets, leading to cyclical displacement and heightened dependency on aid.

Furthermore, there is a steady deterioration of living conditions in both displacement and return areas. Market disruptions, inflation, and currency fluctuations have drastically reduced purchasing power. The average price of staple foods such as cassava and beans has increased by over 40% since early 2025, aggravating food insecurity among returnees, IDPs, and host communities. The combined effects of economic decline, insecurity, and climatic shocks continue to undermine local coping capacities and impede durable solutions.

Summary of response

Overview of the host National Society and ongoing response

The Democratic Republic of the Congo Red Cross (DRC RC) has been at the forefront of responding to the escalating humanitarian crisis in North and South Kivu, working in close collaboration with and support from the ICRC and IFRC. In the context of the January 2025 Movement strategic platform (mini summit), the Red Cross Movement aimed to assess available response capacities and enhance coordination mechanisms under the Movement Coordination Agreement (MCA). Despite the volatile security situation, DRC RC has continued delivering critical humanitarian services, including first aid, psychological support, safe and dignified burials, food and economic assistance, water and sanitation interventions, and the protection of family ties.

The DRC RC actions are focused on the population movement, targeting food assistance, water, sanitation, and psychosocial support. The IFRC-supported Emergency Appeal has also enabled DRC RC to reach 489,321 people with health and hygiene promotion activities, while over **21,591 individuals** have received psychosocial support and **118,637 were reached through gender protection** and inclusion (PGI) services. As of September 2025, the DRC RC had provided food assistance to over **9,252 displaced people** and host families in North Kivu.

In addition to these achievements, the DRC RC has increasingly engaged in early recovery and stabilization efforts in areas of return, particularly in North and South Kivu. Community volunteers continue to play a critical role in supporting safe and dignified returns by conducting rapid needs assessments, facilitating access to essential services, and linking humanitarian assistance with early recovery initiatives. Branches in Masisi, Kalehe, and Uvira have launched pilot activities targeting returnee households, including the distribution of household items and hygiene kits, as well as support for basic livelihood restoration through seed provision and the establishment of community-based savings groups (AVEC). These initiatives aim not only to meet immediate needs but also to strengthen social cohesion and reduce tensions between returnees, internally displaced persons, and host families, thereby contributing to recovery and community resilience in fragile return contexts.

Through its network of local committees and community volunteers, the National Society has also been instrumental in disseminating information on protection risks and facilitating community dialogues to mitigate land disputes in return areas. The approach focuses on complementarity between humanitarian relief and resilience programming, emphasizing the importance of supporting both displaced and returning populations to prevent new waves of displacement.

Great Lakes Regional Response

Meanwhile, the Burundi Red Cross (BRC) and Congo Republic Red Cross (CRC) are responding to significant population movements. In Burundi, over 32,000 displaced persons have arrived since February 2025, mainly through Gatumba border post and Rumonge port, prompting BRC to revise contingency plans and provide relief services, transit registration, and essential supplies. In Congo Brazzaville, 8,779 refugees have crossed the Congo River due to ethnic conflicts in Mai-Ndombé, DRC, with many sheltering in churches, classrooms, and host families. The CRC RC has mobilized 150 volunteers to support registration, water distribution, hygiene promotion, and relief assistance, while the government coordinates emergency aid efforts. These cross-border humanitarian responses remain critical in addressing the growing needs of displaced populations across the region, in addition to the new procedures introduced by the Burundian government, which are creating increased administrative difficulties for people moving between the two countries.

Movement coordination and partnerships

The IFRC, ICRC, and the DRC Red Cross (DRC RC) continue to coordinate under the Movement Coordination Agreement to ensure complementarity, avoid duplication, and strengthen national and local capacities.

Coordination among Movement partners was particularly important at the beginning of the response due to the presence of several Movement-supported projects already being implemented in the affected areas. Close collaboration enabled partners to align interventions, maximize operational synergies, and ensure coherent support to the DRC Red Cross. In particular, the Swedish Red Cross supported protection, gender and inclusion (PGI) and

institutional capacity strengthening; the French Red Cross contributed to health and community resilience programmes; and the Spanish Red Cross provided financial support to the operation and technical assistance in community-based response activities.

As some Participating National Societies have since concluded their projects in the area, the level of operational engagement has evolved. Nevertheless, coordination mechanisms remain in place, with regular meetings at national and provincial levels facilitating information sharing, joint planning, and the harmonization of operational priorities across Movement partners in support of the DRC Red Cross response.

External coordination and engagement with authorities

The DRC RC actively participates in national and provincial humanitarian coordination platforms, including the Protection Cluster, Shelter/NFI Cluster, and the Food Security Cluster. It maintains strong collaboration with the Ministry of Humanitarian Affairs, the Cile Protection Direction, and the provincial authorities of North and South Kivu.

DRC RC continues to play a key role in strengthening accountability to affected populations by collecting feedback through community volunteers and feedback boxes in displacement and return sites. This system has helped identify urgent protection issues, such as gender-based violence, threats, and access to water, and channel them to relevant actors for timely response.

Needs analysis

Needs analysis

The crisis in North Kivu, South Kivu, and Ituri is driven by a combination of armed conflict, economic instability, and environmental degradation. The resurgence of the M23 rebellion has been a major driver of displacement. The ADF's attacks in Ituri and North Kivu have also contributed to the displacement crisis. Overall, the humanitarian crisis in the region has resulted in over 4 million internally displaced people in the eastern provinces of South Kivu, North Kivu, and Ituri. The damage and losses are extensive. Schools, health facilities, and water systems have been destroyed or rendered non-functional. Over 8 million people in these provinces face acute food insecurity, and half a million children are at risk of severe acute malnutrition. The disruption of agricultural systems due to displacement and violence has further exacerbated food shortages. In Ituri, intercommunal violence between the Hema and Lendu communities has surged since 2022, leading to widespread destruction of villages and livelihoods. Geographically, North Kivu remains the epicentre of the crisis, with Goma serving as a hub for displaced populations. South Kivu and Ituri also face significant challenges, with Ituri experiencing a surge in intercommunal violence and displacement. The crisis has created a ripple effect, with neighbouring provinces and countries receiving over 700,000 people.

Humanitarian needs are now multidimensional, combining emergency assistance for new displacements with early recovery support for returnees. Most returnee households (over 70%) report unmet essential needs in food, shelter, and livelihoods. While humanitarian aid has significantly diminished, many communities remain largely underserved and lack access to basic services and protection. The absence of livelihood opportunities in return areas continues to fuel cyclical displacement and prolonged dependence on humanitarian assistance.

FOOD SECURITY AND LIVELIHOODS

The Democratic Republic of the Congo is facing one of the largest food security crises globally. The latest IPC analysis (November 2025) indicates that 24.8 million people, representing 21% of the analyzed population, are currently facing Crisis or worse levels of acute food insecurity (IPC Phase 3+), including 3.2 million people in Emergency (Phase 4). The situation is projected to deteriorate further between January and June 2026, with 26.6 million people expected to be in IPC Phase 3 or above, including nearly 3.9 million in Phase 4. Within this national crisis, North and South Kivu remain among the most severely affected provinces due to persistent armed violence and repeated displacement. In North Kivu, 40% of the population (3.7 million people) are classified in IPC Phase 3 or above, while South Kivu records 35%

in Crisis or worse. Masisi territory is currently classified in Phase 4 (Emergency), reflecting the extreme severity of needs in conflict-affected areas.

Fighting and the occupation around Goma in January 2025 significantly aggravated an already fragile situation. Warehouses were looted, supply corridors disrupted, and the airport closed, severely affecting food availability and market functionality. Continued clashes in Masisi, Kalehe, Rutshuru and Uvira have restricted access to farmland, destroyed productive assets and disrupted agricultural cycles, limiting households' ability to produce and generate income.

Food insecurity is particularly acute among returnee and displaced households. IFRC assessments indicate that 80% of returnees have poor or borderline Food Consumption Scores (FCS) and 75% experience severe hunger (HHS). Loss of agricultural inputs, insecurity preventing access to land, and reduced labour capacity are key drivers. In flood-prone areas such as Kalehe and Masisi, soil erosion has further reduced productive land.

Market conditions remain fragile. Currency depreciation, rising fuel prices and deteriorated feeder roads continue to push staple food prices upward, eroding purchasing power. Humanitarian coverage remains insufficient, with only 33% of food needs covered in 2025 and support provided for an average of 3.3 months instead of the recommended six. With funding expected to decline further, vulnerable households risk receiving no assistance.

Women-headed households, elderly persons and households with limited access to land or income opportunities are disproportionately affected and increasingly resort to negative coping strategies. Without timely food assistance and livelihood recovery support, households currently in Crisis risk sliding into Emergency levels of food insecurity, further deepening vulnerability and undermining recovery prospects.

HEALTH

The emergence and spread of communicable diseases continue to disproportionately affect displaced and returnee populations in the Democratic Republic of Congo (DRC), due to overcrowded living conditions, limited access to safe water and sanitation, and inadequate access to basic health services. Large-scale population movements, particularly in conflict-affected eastern provinces, have further increased the vulnerability of affected communities to epidemic-prone diseases and placed additional pressure on already fragile health systems.

Cholera remains a major public health concern in the country. In 2025, the DRC recorded more than 61,000 suspected cholera cases and approximately 1,800 deaths nationwide, representing the highest level reported in more than two decades. The most affected provinces include South Kivu, North Kivu, Tanganyika, Haut-Katanga and Haut-Lomami, where population displacement, limited access to safe water and inadequate sanitation infrastructure continue to drive transmission. Cholera cases have also been reported in Kinshasa, the capital city with more than 15 million inhabitants, since June. The situation is particularly concerning in the central prison, where more than 47 confirmed cases and seven deaths have been recorded, highlighting the high risk of disease transmission in overcrowded settings.

In parallel, the country continues to face a large-scale outbreak of Mpox which has affected all 26 provinces. Between January 2024 and early (week 8) 2026, more than 120,000 suspected Mpox cases and over 33,000 confirmed cases have been reported nationwide. The continued circulation of the more virulent Clade I virus and ongoing community transmission highlights persistent challenges in surveillance, laboratory testing, and infection prevention and control.

In return areas and territories affected by conflict and displacement, access to health services remains extremely limited. More than 45 per cent of health facilities in several surveyed territories are either non-functional or severely under-equipped due to insecurity, damaged infrastructure, shortages of qualified health personnel, and limited availability of essential medicines. Returnees and displaced populations face multiple barriers to accessing care, including long distances to health facilities, insecurity along access routes, and the cost of medical services

WATER, SANITATION AND HYGIENE (WASH)

Cases of cholera continue to be reported in several displacement sites across North Kivu, South Kivu and Tanganyika provinces, where protracted conflict, repeated displacement and weak WASH infrastructure create conditions conducive to recurrent outbreaks. This localized situation reflects a broader national trend: in 2025, the Democratic Republic of the Congo recorded more than 61,000 suspected cholera cases and approximately 1,800 deaths, the highest number reported in more than two decades. The eastern provinces remain among the most affected areas in the country, where population movements, overcrowding and structural gaps in access to safe water and sanitation continue to drive transmission.

Overcrowding, limited access to safe water, and inadequate sanitation facilities significantly increase the risk of transmission in displacement settings. These cases are particularly concentrated in areas hosting newly displaced populations, who often settle on the outskirts of sites where basic services remain insufficient. Hygiene and sanitation practices also remain a challenge and contribute to the rapid spread of the disease. Reports highlight major gaps in access, especially for newly displaced households:

- The lack of latrines in newly established blocks – some created to accommodate recent arrivals but many still incomplete – continues to encourage open defecation and increases contamination risks.
- Many newly displaced households have not yet received essential non-food items, including shelter materials such as tarpaulins. As a result, shelters are often poorly constructed, creating inadequate domestic sanitation conditions and increasing exposure to stagnant water contaminated by fecal matter.
- New arrivals are frequently forced to settle on the outskirts of existing sites or in spontaneous settlements where WASH infrastructure is either insufficient or non-existent.
- The highest-risk areas remain concentrated in the health zones of Goma, Nyiragongo, Kirotshe and Muweso in North Kivu, as well as Uvira, Fizi and Kalehe in South Kivu, and Kalemie and Nyemba in Tanganyika, where population density, displacement and limited sanitation facilities create conditions conducive to cholera transmission.
- The WASH situation is equally critical in return areas, where many water points and latrines have been destroyed or left non-functional due to years of conflict and repeated displacement. Recent assessments indicate that only around one-third of returnee households have access to safe drinking water, while access to improved sanitation remains extremely limited. In the absence of adequate infrastructure, waterborne diseases such as cholera and acute diarrhea remain recurrent, particularly among children under five. This situation highlights the urgent need to integrate WASH rehabilitation into early recovery and return strategies, combining the rehabilitation of community water points with hygiene promotion through trained community volunteers.

PROTECTION, GENDER AND INCLUSION (PGI)

The continued escalation of violence in eastern Democratic Republic of the Congo has significantly heightened protection risks for civilians, particularly in North and South Kivu. Recent clashes in Uvira territory and surrounding areas have triggered new waves of displacement and further exposed communities to protection violations. Armed confrontations, attacks on villages, looting, and forced displacement have forced many households to flee multiple times in search of safety.

Protection monitoring indicates a sustained rise in incidents including gender-based violence (GBV), extortion, arbitrary arrests, recruitment and use of children by armed groups, and restrictions on freedom of movement. According to Protection Cluster reporting, eastern provinces continue to account for most protection violations recorded nationwide, particularly in conflict-affected areas and along displacement routes.

Women, children, older persons and persons with disabilities remain among the most vulnerable groups. In displacement settings across North and South Kivu, women and children represent the majority of the displaced population, often living in overcrowded sites or informal settlements where risks of exploitation, abuse and neglect are heightened and access to protection services remains limited.

Recent IFRC assessments also highlight growing protection concerns affecting returnees and newly displaced households, with 31% of surveyed households reporting at least one incident of violence, harassment or extortion since their return. Gender-based violence remains widespread and is exacerbated by poverty, insecurity and the absence of effective justice mechanisms in rural areas. Many female-headed households face multiple and overlapping risks, including domestic violence, forced eviction and denial of access to land or property. Children are also exposed to recruitment by armed groups and prolonged interruption of schooling.

These trends underline the urgent need to strengthen the integration of Protection, Gender and Inclusion (PGI) across humanitarian interventions, including psychosocial support, safe referral pathways for survivors of violence, legal assistance mechanisms and community-based awareness activities. Strengthening community engagement through trained volunteers remains essential to identify protection risks early and ensure safer and more inclusive access to humanitarian assistance

MIGRATION

The continued escalation of conflict in North and South Kivu has led to sustained and large-scale population movements. The Democratic Republic of the Congo currently hosts more than 6.9 million internally displaced persons (IDPs), making it one of the largest displacement crises globally. Eastern provinces remain the epicentre of this crisis. Recent assessments from the IOM Displacement Tracking Matrix (DTM) indicate that approximately 1.14 million displaced people are present in North Kivu, while South Kivu hosts around 1.38 million IDPs, with major concentrations in territories such as Kalehe, Fizi, and Uvira. Recent insecurity and clashes, particularly in Uvira territory, have triggered additional waves of displacement, forcing many households to relocate multiple times in search of safety and access to basic services.

As displacement becomes increasingly protracted and cyclical, humanitarian needs among displaced populations and host communities continue to grow, particularly in overcrowded sites and informal settlements where access to health care, safe water, food, and protection services remains limited. Humanitarian Service Points (HSPs) remain critical along key migration and displacement routes. These service points provide safe access to essential services such as first aid, healthcare, safe drinking water, food assistance, psychosocial support (PSS), and information and guidance, ensuring that people on the move can receive life-saving assistance regardless of their displacement status.

Displacement dynamics in eastern DRC are increasingly pendular, with communities frequently moving between areas of origin, displacement sites and temporary return locations depending on evolving security conditions. These patterns highlight the need for a sustained humanitarian presence along major transit corridors and in potential return areas, ensuring continuous access to essential services and protection support.

Although humanitarian data collection benefits from the presence of operational partners and established monitoring tools such as DTM, data coverage and monitoring frequency remain uneven due to insecurity and operational constraints. Strengthening coordinated information management and data-sharing mechanisms remains essential to better track displacement trends and inform timely humanitarian responses.

Operational risk assessment

The following operational risks are regularly monitored and discussed with the DRC Red Cross coordination team, with mitigation measures identified to ensure safe and effective implementation of the operation.

- **Limited funding for the operation:** To date, only 12 per cent of the required funding has been secured. The limited funding environment, particularly for protracted crises in eastern DRC, may affect the scale and pace of implementation. To mitigate this risk, the IFRC and the DRC Red Cross are actively pursuing resource mobilization efforts with Movement partners and external donors, while prioritizing activities based on available resources.
- **Access and security constraints:** The security situation in parts of North and South Kivu remains volatile and may affect humanitarian access to certain communities. Insecurity, population movements and restrictions on movement may delay or limit field activities. To mitigate this risk, the DRC Red Cross relies on

its strong community presence and volunteer network to maintain access to affected populations. Continuous security monitoring and close coordination with local authorities and Movement partners will support safe implementation.

- **Operational and implementation challenges:** The relocation of some technical government services due to the security situation in eastern DRC may limit access to essential services required for project implementation, including seed certification and technical capacity strengthening on specific agricultural themes. This situation could potentially delay certain activities related to agricultural inputs and training. To mitigate this risk, procurement processes will prioritize suppliers able to provide certified seeds and meeting the required quality standards. In addition, training activities will be implemented in collaboration with experienced private sector actors and technical service providers with proven expertise in delivering specialized agricultural training.
- **Capacity and volunteer management:** The limited technical capacity of some local volunteers may affect the quality and pace of activity implementation. To mitigate this risk, the IFRC team based in North Kivu will provide technical support to the local branch of the DRC Red Cross during the implementation of activities. This support will include guidance, on-the-job coaching and regular follow-up to strengthen volunteer capacity and ensure adherence to operational standards.
- **Community acceptance and accountability:** Maintaining strong community engagement and oversight is essential for effective implementation. Joint monitoring visits will be conducted by the IFRC and the DRC Red Cross throughout the implementation period. These visits will ensure close follow-up of field activities, help identify challenges in a timely manner, and allow corrective actions to be taken where necessary

B. OPERATIONAL STRATEGY

Update on the strategy

Through this emergency appeal, the IFRC aims to support the Democratic Republic of the Congo Red Cross (DRCRC) in addressing growing humanitarian needs caused by the ongoing armed conflict in the eastern part of the country and the resulting mass population movements. The IFRC's intervention strategy will continue to focus on assisting 500,000 of the most vulnerable people, prioritizing the following key areas: integrated assistance (shelter, food security, and livelihoods including multipurpose cash transfers), health and WASH services, and protection and prevention.

Recent assessments conducted in conflict-affected areas of North and South Kivu, including an IFRC-supported study on the return of displaced communities to their areas of origin, highlight the continued vulnerability of returnee and host populations. Findings indicate that many returnee households continue to live in damaged or temporary shelters, while access to basic services such as health care, water and sanitation remains severely limited. In addition, the loss of productive assets during displacement has significantly reduced households' ability to restore livelihoods, leaving many families dependent on humanitarian assistance to restart economic activities.

Given the persistence of insecurity and large-scale displacement in eastern DRC, the operational strategy continues to prioritize life-saving assistance and early recovery support, while maintaining flexibility to adapt to evolving humanitarian needs and operational constraints. Recent developments in areas such as Uvira territory in South Kivu, where renewed insecurity has triggered additional population movements and increased humanitarian needs, further highlight the importance of maintaining an adaptable and context-sensitive operational approach.

Strategic planning also builds on scenario-based analysis conducted with Movement partners to anticipate possible developments in the crisis and ensure operational flexibility. This approach allows the operation to prioritize the most urgent humanitarian needs while maintaining preparedness for further population movements within eastern DRC and across borders.

This Emergency Appeal remains grounded in the Movement response framework developed jointly by the DRCRC, the International Committee of the Red Cross (ICRC) and the IFRC. Movement coordination mechanisms support

alignment of operational priorities, information sharing and complementary action among partners. The IFRC component of the response focuses on operational support to the DRCRC, coordination within the Movement and preparedness for potential cross-border population movements affecting neighbouring countries including Rwanda, Burundi and Uganda.

The IFRC network in DRC continues to build on existing operational platforms and partnerships established prior to the escalation of the crisis, including large-scale food security programmes and other humanitarian initiatives implemented with Movement and external partners. These programmes have contributed to strengthening the operational capacity of the DRCRC and its branches to respond to the current emergency. The Integrated National Plan (INP) of the IFRC network continues to serve as a coordination and strategic planning framework linking emergency response, recovery actions and longer-term resilience initiatives

Anticipation and Adaptation to Climate Risks

The primary climate-related risks in DRC include flooding, landslides, and rising water levels. To mitigate these risks, Red Cross volunteers will continue disseminating early warnings within their communities. The DRC Red Cross will also pursue disaster preparedness activities in partnership with the ECHO Pilot Program (ECHO PPP), implement tree-planting initiatives, and strengthen community resilience efforts with the financial support of bilateral partners.

Due to delays related to internal processes within the National Society to finalize the action plan, as well as delays in the fund transfer process, the current end date of 31 March 2026 does not allow sufficient time for the full and effective implementation of the planned activities. Consequently, the National Society requested a no-cost extension to enable the completion of activities as planned, ensure quality implementation, and achieve the expected results without additional financial resources. Following review and analysis, management has approved a nine-month no-cost extension, revising the end date of the appeal to 31 December 2026.


This extension does not imply any change to the approved budget, scope, or strategic objectives of the appeal.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

THERE IS NO CHANGE ON THE INDICATORS, AS IMPLEMENTATION HAS NOT STARTED YET SINCE THE LAST UPDATE.

 Shelter, Housing and Settlements		Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
Objective:	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people who received shelter support</i>	0	155,000
<p>In line with the scalability plan, the activation of sectors is conditional upon reaching minimum funding thresholds. At this stage, the Shelter, Housing and Settlements sector has not been retained for implementation, as the current level of funding mobilized remains below the minimum threshold of 25%.</p>			

 Livelihoods		Female > 18: 2,445	Female < 2,649
		Male > 18: 2,069	Male < 18: 2,633
Objective:	<i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people who have received livelihood support (essential inputs/materials/tools for farm or livestock production, etc)</i>	9,795	155,000
	<i># of people who have received training in improved production practices and production risk management</i>	4,500	1,000
	<i># of households that received in-kind support (food) to meet their basic needs after being identified and processed for transfer</i>	0	31,000

During the reporting period, the food security interventions implemented by the DRC Red Cross contributed to strengthening the resilience of displaced and returned households in North Kivu and South Kivu, reaching a total of **1,500 households (9,795 people)**. Activities were carried out in close coordination with local authorities and

community leaders, ensuring smooth implementation, strong community engagement, and local ownership of the intervention.

In North Kivu, 900 households (approximately 6,195 people) received improved seeds and agricultural tools, along with training on good agricultural practices and risk-management techniques. This integrated approach aims to support agricultural recovery and improve the food security and livelihoods of vulnerable households over the long term.



Distribution of seeds and tillage tools in the BUGUSA health area, Rwanguba health zone, Rutshuru territory




Photo illustrating the use of hoes in the village of Ndjimba, in the Rutshuru territory

In South Kivu, 600 households across Minova and Idjwi (315 women and 285 men) were supported through the distribution of agricultural inputs (including 100 banana plants, 100 pineapple plants, 100 kg of peanuts, 100 kg of beans, and 100 kg of soybeans) as well as 300 hoes and 300 watering cans to relaunch agricultural activities at community level.

Community feedback was very positive, confirming the relevance of the intervention in the context of growing needs and limited livelihood opportunities, and highlighting the importance of continued support to strengthen local production capacities.



Distribution of seeds and agricultural tools in Idjwi and Minova

	Multi-purpose Cash	Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
Objective:	<i>Households are provided with unconditional/multipurpose cash grants to address their basic needs</i>		
Key indicators:	Indicator	Actual	Target
	<i># of households who have successfully received cash or voucher support for their basic needs and who meet the agreed minimum expenditure basket after being identified and processed for transfer</i>	0	31,000
Due to funding limitations, this activity was not conducted and will be reported in the next update.			

	Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18: 146,136	Female < 18: 158,314
		Male > 18: 123,654	Male < 18: 157,377
Objective:	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people benefiting from contextually appropriate health services</i>	585,481	500,000
	<i># of children < 5 years of age who have been enrolled on a supplementary feeding programme from another agency following assessment by the National Society</i>	17,326	100,000
	<i># of home visits carried out to raise awareness of health promotion and water, hygiene and sanitation</i>	23,169	100,000
	<i># of people reached by messages on nutritional choices and/or food preparation</i>	17,326	250,000
	<i># of people reached by community volunteers as part of health and hygiene promotion in response to an emergency situation</i>	489,321	500,000
	<i># of people in the target population who have benefited from psychosocial support services</i>	25,571	25,000
	<i># of DRC Red Cross volunteers and staff who received psychosocial support services</i>	315	1,100

Community Health

Red Cross volunteers continued to implement risk communication and community engagement (RCCE) activities across the targeted areas. Through community outreach conducted by trained volunteers, a total of **500,179 people** were reached with health and hygiene promotion messages. These results were achieved through a combination of door-to-door awareness sessions, small group discussions and community sensitization activities conducted in displacement sites and host communities.

A total of **23,169 households** were visited through door-to-door outreach, during which volunteers provided information on the prevention of epidemic-prone diseases including Mpox, cholera, COVID-19 and other communicable diseases, as well as key hygiene practices and early care-seeking behaviours. Household visits were conducted using standardized awareness tools and reporting forms, ensuring consistent data collection and monitoring of outreach activities.

In addition, community volunteers disseminated nutrition and hygiene promotion messages during community sessions, contributing to improved awareness of safe food preparation practices and disease prevention among vulnerable populations affected by displacement. Volunteer briefing sessions were also organized under the EPIC thematic area, strengthening volunteers' knowledge on epidemic preparedness and response and promoting community awareness on the One Health approach, linking human, animal and environmental health.

These activities were implemented by trained DRC Red Cross volunteers, with technical and financial support from the IFRC, and were coordinated with local health authorities and other humanitarian actors to ensure complementarity with ongoing health interventions.



Volunteer briefing within the framework of the EPIC thematic area



Door-to-door awareness raising on the One Health approach

Mental Health and Psychosocial Support (MHPSS)

Red Cross teams continued providing mental health and psychosocial support services to vulnerable populations affected by conflict and displacement, including survivors of sexual violence and other traumatic events.

Psychosocial support was delivered through listening centres, individual counselling sessions, and community-based support activities facilitated by trained Red Cross staff and volunteers. Through these activities, **25,571 individuals** received psychosocial support, including survivors of gender-based violence and individuals experiencing psychological distress. In addition, **351 Red Cross volunteers** received psychosocial support services, recognizing the psychological burden faced by frontline responders working in complex humanitarian environments.

Medical Services:

In January 2025, technical and logistical support in terms of body bags and personal protective equipment was provided by the ICRC and the International Federation to DRCRC teams to collect remains from the streets of Goma, and then to ensure dignified treatment of these dead in accordance with good forensic practice. All in all, 181 DRCRC volunteers in Goma collected mortal remains and stored them at the General Hospital morgue. A total of 357 remains had been removed by February 3. Burial of the remains began with 116 people buried on the first day, and a total of 472 bodies were buried with dignity by these DRCRC volunteers. They continue to provide burial services in the city of Goma. In South Kivu, Red Cross relief workers treated 7 war-wounded in Lumbish and 12 in Kabare territory.



Water, Sanitation and Hygiene

Female > 18:
5,931

Female < 18:
6,425

Male > 18: 5,018

Male < 18: 6,387

Objective:

Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions

Key indicators:

Indicator

Actual

Target

clean water points and water sources built/rehabilitated

0

10

of households supplied by DRCRC with an improved protected drinking water source (according to WHO and Sphere standards)

23,761

25,000

of households reached with water treatment chemicals and water storage equipment

16,217

25,000

of households supplied by the DRCRC with an improved sanitation facility within 50 meters of their home

14,376

25,000

of households that received cash assistance for water, sanitation and hygiene after being identified and processed for transfer

0

31,000

Red Cross volunteers supported communities in addressing urgent water, sanitation and hygiene (WASH) needs in displacement sites and host communities. Through community outreach and targeted support activities, 23761 people benefited from WASH interventions, contributing to improved access to safe drinking water and basic sanitation. A total of **23,761 households** were supported with access to improved and protected drinking water sources, in line with WHO and Sphere standards. This support included the distribution of water purification tablets to **16,217 households**, enabling families to treat water at household level and reduce the risk of waterborne diseases.

Households were identified through community-based targeting conducted by Red Cross volunteers in coordination with local authorities and community leaders, prioritizing displaced households and vulnerable families with limited access to safe water sources. In response to urgent sanitation needs in displacement areas, the DRC Red Cross constructed three four-door emergency latrines in three IDP sites in Idjwi Nord, South Kivu. These facilities improved access to sanitation for surrounding households, and **14,376 households** now benefit from an improved sanitation facility located within 50 meters of their homes, contributing to improved hygiene conditions and reduced health risks.

In addition, Red Cross volunteers conducted community awareness sessions on hygiene promotion, including demonstrations on handwashing, safe water storage, and sanitation practices. These activities were carried out in schools and community spaces, contributing to increased awareness among students, teachers and community members on good hygiene practices.



Students and teachers' awareness-raising on good hygiene practices



Protection, Gender and Inclusion

Female > 18:	29,612	Female < 18:	32,079
Male > 18:	25,056	Male < 18:	31,890

Objective:

Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs

Key indicators:

Indicator	Actual	Target
% of vulnerable members (children, women, older persons, persons with disabilities, pregnant and breastfeeding women, and child or female-headed households- criteria selected by the National Society) in the target communities who report that the most vulnerable and poorest population is receiving assistance.	76%	80%
# of people trained to implement minimum PGI standards	122	1,100
# of people reached by protection, gender and inclusion services	118,637	155,000

During the reporting period, implementation focused on enhancing protection systems, empowering communities, and ensuring inclusive access to services in North and South Kivu. Through structured awareness campaigns, referrals, psychosocial support, and dignity-focused interventions, PGI actions contributed to safer, more inclusive environments for crisis-affected populations. A total of **118,637 individuals** were reached, including women, men,

children, older people, and **3,432 persons** with disabilities. Field volunteers and staff strengthened their technical capacity through PGI-specific training, increasing their ability to safely identify, refer, and support survivors of GBV and vulnerable individuals facing protection risks.

❖ **North Kivu**

The PGI activities in North Kivu combined volunteer capacity strengthening with community mobilization for the prevention and response to Gender-Based Violence (GBV).

- ***Capacity Strengthening and Community Mobilization***

In terms of capacity building, a total of **84 staff and volunteers (59 men and 25 women)** were trained on key PGI themes, including the prevention of sexual exploitation and abuse (PSEA), child protection, psychosocial support, gender equality, and community-based referral mechanisms.

Building on these enhanced skills, volunteers carried out community outreach activities aimed at referring women survivors to listening houses, informing communities about available protection services, and reducing stigma associated with GBV. The awareness campaigns reached **70,459 people, including (15,557 women, 11,299 men, 22,796 girls, and 20,807 boys)**, reflecting strong community ownership and balanced participation between women and men.

In Lubero, for example, interventions conducted in 2024 resulted in the identification and referral of three rape cases, the distribution of **40 dignity kits** to adolescent girls, and the organization of a participatory workshop on early marriage and child protection, gathering **20 girls and 15 boys**. These actions illustrate growing community engagement and improve local ownership of protection and gender equality principles.

- ***Support and Assistance to GBV Survivors***

The listening houses remained a central component of the PGI support mechanism. During the reporting period, 44 cases of sexual violence were recorded, including 29 rape cases reported within 72 hours. All survivors were referred to medical services for comprehensive care, including the provision of post-rape kits to prevent unwanted pregnancies, HIV, and sexually transmitted infections (STIs). In parallel, 24 survivors received individual psychosocial support.

Despite these achievements, several challenges persist. Fear of stigma, insecurity, and the long distances between affected areas and health facilities continue to hinder timely access to services, particularly within the critical 72-hour response window.

- ***Child Protection and Restoring Family Links (RFL)***

The RFL activities led to the identification of **142 unaccompanied children (72 girls and 70 boys)**, of whom 33 (14 girls and 19 boys) were reunited with their families, while 71 new tracing requests (32 girls and 39 boys), were registered. The toll-free hotline facilitated 48,433 calls, including 39,855 successful cases, contributing significantly to family reunification.

PGI's activities in North Kivu combined capacity building for volunteers and community mobilization for the prevention and management of GBV.

❖ **South Kivu**

In South Kivu, PGI interventions contributed to strengthening local capacities, enhancing community awareness, and ensuring effective and compassionate support for survivors of Gender-Based Violence (GBV).

- ***Capacity Strengthening and Community Mobilization***

A total of 38 volunteers were trained on key themes such as PSEA, gender equality, social inclusion, and psychosocial support, enabling them to effectively conduct community awareness and mobilization activities. The awareness campaigns primarily focused on referring women survivors to listening houses for effective, confidential, and community-based psychosocial support, with the following objectives:

- Inform communities about the services available for GBV prevention and response.
- Encourage reporting and prompt referral of cases to the appropriate service providers.
- Reduce stigma and strengthen community resilience through dialogue, education, and collective mobilization.

These efforts reached **48,178 people** and demonstrated strong local ownership and significant community engagement. The gender and age breakdown reflects balanced participation: **15,153 adult women, 15,147 adult men, 7,796 girls, and 10,082 boys** were sensitized. This balanced representation highlights an inclusive and intergenerational approach, further reinforced by the active participation of people with disabilities and older people, who were also integrated into the community sessions.

These results confirm the relevance and impact of the PGI actions in South Kivu, which place dignity, resilience, and community solidarity at the heart of the PGI response.

- **Support and Assistance to GBV Survivors**

During the reporting period, **102 cases of GBV (22 girls, 75 women and 05 men)**, (including 7 girls, 18 women and 5 men with disabilities) were recorded in the counselling center. It is also including 35 rape cases reported within 72 hours. 50 survivors (11 girls and 39 women including 7 women and 3 girls with disabilities) were referred to medical services for comprehensive care, including the provision of post-rape kits to prevent unwanted pregnancies, HIV, and sexually transmitted infections (STIs). In addition, 30 GBV survivor (07 girls and 23 women including 3 girls and 6 women with disabilities) have benefited from individual protection assistance to facilitating access to medical care services in remote areas. Also, **17 GBV survivors (5 girls and 12 women including 2 girls and 2 women with disabilities)** benefited from assistance in safe accommodation to address the safety concerns caused by the GBV suffered.


Despite these achievements, several challenges persist. Fear of stigma, insecurity, and the long distances between affected areas and health facilities continue to hinder timely access to services, particularly within the critical 72-hour response.

- **Child Protection and Restoring Family Links (RFL)**

During the implementation period, **19 unaccompanied children** were identified, the family tracing process is ongoing. However, with the conflict recorded in Bukavu, telephone booths have been damaged, thus limiting the possibility of establishing contact between the identified unaccompanied children and their families.



Awareness on GBV, child protection

	Migration	Female > 18: 7,119	Female < 18: 7,712
		Male > 18: 6,023	Male < 18: 7,666
Objective:		<i>Specific vulnerabilities of displaced populations and people on the move are analysed and their needs and rights are met with dedicated humanitarian assistance, protection, and humanitarian diplomacy interventions, in coordination with relevant stakeholders.</i>	
Key indicators:	Indicator	Actual	Target
	<i># of migrants and displaced persons reached with humanitarian assistance and protection services</i>	28,520	155,000
	<i># of HSPs providing humanitarian assistance and protection to migrants and displaced people</i>	1	6

The Red Cross team established a HSP providing humanitarian assistance and protection to 28 520 migrants and displaced people. As part of the ECHO PPP project, activities are still ongoing through 5 HSPs in Uvira in South Kivu including:

- Psychosocial care for people affected by natural disasters, cases of GBV and other people who come for psychosocial support.
- Referring cases to the SOSAME psychiatric centre for comprehensive support to help them regain a stable emotional state
- Follow-up of cases referred to the SOSAME psychiatric centre, to measure the severity of the mental health of referred cases.
- Supervision of volunteer HSP team by building their capacity to deal with various issues and difficult cases during clinical interviews.
- Raising awareness during antenatal and postnatal consultations in various health areas in the town of Uvira.
- Adopting an ongoing approach to improving the Humanitarian Service Points (HSPs) and the therapeutic framework.



Community Engagement and Accountability


Objective:	<i>People and vulnerable communities affected by crisis are empowered to influence the decisions that affect them and trust the IFRC network to service their best interests.</i>		
Key indicators:	Indicator	Actual	Target
	<i>% of respondents who feel that their views are taken into account in programme planning and decision-making</i>	65%	80%
	<i>% of respondents who report receiving useful, actionable, and reliable information through trusted channels</i>	80.1%	80%
	<i># of complaints/comments received through feedback mechanisms.</i>	6,882	N/A
	<i>% of complaints/comments on the operation that received a response through established community engagement and communication channels.</i>	68%	70%

In the implementation of the operation, Community Engagement and Accountability (CEA) represents a cross-cutting approach that enhances community ownership and support for interventions. Through CEA activities, at least **374,688** people were reached.

A total of **6,882** community feedback entries were reported and processed by Red Cross teams through established feedback mechanisms. Analysis of feedback shows that **37%** of the responses were requests for assistance, particularly related to food, non-food items (NFIs), water, and sanitation services. Questions accounted for **23.1%** of feedback, mainly concerning food needs, NFI distributions, and diseases. Rumours and beliefs represented **21.6%**, largely linked to food assistance and health issues, while **18.3%** consisted of expressions of appreciation and encouragement.

According to post-distribution and perception monitoring, 65% of respondents reported that their views are taken into account in programme planning and decision-making (against a target of 80%), while 80.1% stated that they receive useful, actionable, and reliable information through trusted channels (target: 80%). In addition, 68% of complaints and feedback received a response through established community engagement and communication mechanisms (target: 70%).

In January 2025, awareness-raising on human rights and humanitarian principles and values was conducted through community meetings in four IDP sites (Kitalaga, Bugeru, Mutshibwe, and Bulenga) in the Minova health zone, with the participation of 80 leaders and heads of households (65 men and 15 women). The Red Cross also organized a public radio programme in the Bugeru IDP site, reaching 178 IDPs (103 men and 75 women). Discussions focused on the Red Cross Movement, its mandate, and awareness on the care and protection of survivors of sexual violence.

 Risk Reduction, climate adaptation and Recovery	Female > 18:	Female < 18:	
	8,415	9,171	
	Male > 18:	Male < 18:	
	7,143	9,091	
Objective:	<i>Communities adopt climate-smart farming practices.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of community members targeted by the DRCRC who participate in risk reduction initiatives</i>	33,820	155,000
<p>A total of 33,820 community members targeted by the Red Cross participated in risk reduction initiatives of tree planting in South Kivu. As part of the emergency appeal, no harm reduction activities are being deployed in North Kivu. This is due to the low level of funding for this operation. In South Kivu, however, activities are underway with the support of Red Cross partners in Uvira territory (Fizi, Baraka, Kalehe Centre and Nundu).</p>			

Enabling approaches

 National Society Strengthening			
Objective:	<i>The National Society is empowered to lead its own development during emergencies with the coordinated support of partners, bearing in mind a longer-term perspective.</i>		
Key indicators:	Indicator	Actual	Target
	<i>The National Society has improved its preparedness, contingency and response plans following recommendations and evidence from the operation</i>	Ongoing	Yes
	<i>The National Society is part of the government-led emergency coordination platforms.</i>	Yes	Yes
	<i>The National Society is part of the official emergency response coordination platforms of the DRCRC, the interagency and the international community.</i>	Yes	Yes
	<i># of volunteers involved in the response operation who have increased their response and operations management skills</i>	351	1,100
	<i>% of volunteers mobilized covered by sickness, accident and death benefits</i>	100%	100%

A revision of the budget has been undertaken to align resources with priority activities currently being implemented under the operation. At present, 351 volunteers from the DRC Red Cross are actively engaged in the response across North and South Kivu, supporting community-based activities, humanitarian service delivery and emergency response efforts in displacement sites and host communities.

The continued escalation of conflict and large-scale population displacement in eastern Democratic Republic of the Congo has significantly increased humanitarian needs, placing additional pressure on the operational capacity of the DRC Red Cross. Operational challenges such as limited funding, connectivity constraints, insufficient storage capacity and security concerns affecting access to certain areas have affected the scale and efficiency of response activities. Despite these constraints, the National Society continues to play a key role in supporting affected communities and coordinating with government authorities and humanitarian partners.

The DRC Red Cross remains actively engaged in national and provincial emergency coordination mechanisms, working alongside government structures, UN agencies and humanitarian organizations to ensure a coordinated response. The IFRC and Movement partners continue to support the National Society through technical, logistical, financial and operational assistance, strengthening volunteer management, coordination mechanisms and response capacity.

Challenges

- Security constraints and poor road conditions continue to limit humanitarian access in several areas of North and South Kivu, particularly in territories such as Masisi, Rutshuru, Kalehe, Minova and Uvira.
- Frequent and unpredictable population movements complicate beneficiary targeting and response planning, as displaced populations often relocate multiple times within short periods due to the volatile security situation.
- Limited access to humanitarian services in overcrowded displacement sites and host communities, especially around Goma and surrounding localities, continues to increase pressure on basic services such as water, sanitation, health and protection.
- Operational constraints, including funding gaps, limited storage capacity, connectivity challenges and security risks for staff and volunteers, continue to affect the scale and timeliness of response activities.

Continued support through the Emergency Appeal and the Unified Plan for DRC remains essential to further strengthen the operational capacity of the DRC Red Cross and ensure sustained humanitarian assistance to populations affected by the crisis.



Coordination and Partnerships

Objective:	<i>National Societies are members of relevant national donor platforms and forums and participate regularly.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of coordination and partnership meetings on the operation held with partners and stakeholders.</i>	56	64
	<i># of joint monitoring missions carried out (DRCRC-IFRC, PNS, ICRC)</i>	4	2
	<i># assessments carried out (initial need/final assessment) (DRCRC-IFRC, PNS, ICRC)</i>	2	2
	<i># surveys carried out (KAP, PDM/Satisfaction) (DRCRC-IFRC, PNS, ICRC)</i>	1	2

# lessons learned workshops/mid-term review	1	2
<p>In view of the continuing deterioration in the security situation in North and South Kivu, the Red Cross Society of the Republic of Congo (DRCRC), the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) held a meeting of the strategic platform (mini summit) on 23 January 2025. The aim of the meeting was to provide a framework for the Red Cross Movement's response by consolidating information on the capacities available on the ground and planning activities in response to the crisis, which have yet to be determined in more detail. It also aimed to strengthen the Red Cross' Movement coordination mechanisms already in place through the Movement Coordination Agreement (MCA) and identify the necessary adjustments.</p> <p>The DRCRC, the ICRC and the IFRC are doing their utmost to maintain an effective and coordinated humanitarian response to meet the most urgent needs of civilians affected by the crisis. They are working alongside other humanitarian actors, some of whom have been forced to reduce their teams to a strict minimum because of the uncertain security situation.</p> <p>Following the issuance of the Executive Order on Reevaluating and Realigning United States Foreign Aid, the State Department and USAID communicated on January 24, 2025, that all ongoing grants were suspended as of that date. After this review, activities may either resume, be modified and resumed, or be terminated. The 90-day pause will have a great impact on food assistance to displaced population given the current situation in the eastern part of DRC.</p> <p>The international appeal on population movement launched in February 2024 is crucial, as population displacement often exacerbates food security problems. Continued mobilization of resources to support this project could make a significant contribution to meeting the needs associated with these displacements and ensuring sustainable and effective aid. Only 3.5% of emergency appeal funding covered.</p> <p>The IFRC Emergency Appeal combines operational support, coordination in the DRC, and cross-border coordination. IFRC is in the process of setting up cross-border coordination to contribute to the response to the current situation of population movements from the DRC to Rwanda, Burundi, Uganda, the Republic of Congo, etc. The NS coordinates monthly technical meetings with all partners with ICRC as co-convenor within the framework of the Sevilla 2.0 agreement. External coordination with OCHA and the government is in place and informs on the situation and activities from other stakeholders. L3 agreement is in place and covers North Kivu, South Kivu and Tanganyika. Strengthening of the movement coordination in place with more regular communications and meetings.</p>		



Secretariat Services

Objective:	<i>The IFRC Secretariat and National Societies use their unique position to influence decisions at local, national, and international levels that affect the most vulnerable people.</i>		
Key indicators:	Indicator	Actual	Target
	<i>The resource mobilization strategy has been completed and implemented</i>	1	1
	<i>A risk matrix is established and regularly updated.</i>	1	1
	<i># financial audits carried out</i>	0	1

The IFRC Secretariat continues to provide operational and technical support to the DRC Red Cross to ensure effective implementation of the Emergency Appeal and strengthen coordination within the Movement.

Resource Mobilization and Operational Coordination

In April 2024, a mobilization table was developed targeting support to 3,000 families through the provision of household and hygiene items. However, no partner contributions have yet been secured against this initiative, highlighting a critical funding gap. On 10 May 2024, the DRC Red Cross, IFRC Kinshasa Cluster Delegation and the ICRC organized a humanitarian briefing in Kinshasa to advocate for increased international attention and support to populations affected by the crisis in eastern DRC. The briefing:

- Highlighted the role of the DRC Red Cross as a trusted local humanitarian actor.
- Emphasized the scale and urgency of humanitarian needs.
- Called for increased financial support from donors and partners.

During the event, Movement partners reaffirmed their commitment to supporting the response. The ICRC announced a contribution of USD 600,000 to support ongoing humanitarian interventions, including measures to enhance the safety, training, and equipment of Red Cross volunteers operating in high-risk areas.

The IFRC Kinshasa Delegation continued to support the implementation of the resource mobilization strategy through sustained engagement with Movement partners and donors, with the aim of mobilizing additional resources for the operation. Regular coordination with the DRC Red Cross, Partner National Societies (PNS), and internal technical teams contributed to improved alignment of operational priorities and strengthened monitoring of implementation progress.



Briefing on the humanitarian situation in the east of the DRC to call for greater international attention for vulnerable people and communities affected by the current crisis

The following links present the event:

[v-DRC0217 | shaRED \(ifrc.org\)](https://v-DRC0217 | shaRED (ifrc.org))

https://x.com/dunia_menhee/status/1790666415374049474?s=48

https://m.facebook.com/story.php?story_fbid=2137728476586671&id=100010486177883&mibextid=WC7FNe

<https://x.com/crrdc1/status/1789009633882878046?s=48>

<https://x.com/crrdc1/status/1789013057928138867?s=48>

<https://x.com/crrdc1/status/1789027082397184186?s=48>

<https://actualite.cd/2024/05/10/situation-humanitaire-dans-lest-de-la-rdc-la-croix-rouge-sollicite-un-financement-de-552>

<https://x.com/crrdc1/status/1790036635905601707?s=48>



Briefing on the humanitarian situation in the east of the DRC to call for greater international attention for vulnerable people and communities affected by the current crisis

Risk management and compliance support: A risk matrix has been established and is regularly updated to monitor operational and implementation risks affecting the operation. The IFRC delegation also provides technical support to ensure compliance with financial and operational procedures, including verification of documentation and adherence to IFRC standards in financial management and procurement processes. Additional financial and logistical support is provided to facilitate the smooth implementation of activities.

Technical support to programme implementation: The IFRC Secretariat provides technical guidance to the DRC Red Cross in key sectors including Health, Protection, Gender and Inclusion (PGI), and Food Security and Livelihoods (FSL) to ensure that activities are implemented in line with IFRC standards and national technical guidelines. This support includes technical advice, review of operational plans, and regular exchanges with programme teams to strengthen the quality of interventions and ensure that staff and volunteers have the necessary technical capacities to effectively implement planned activities.

Safety and security coordination: The IFRC Security Officer based in Goma regularly monitors and updates the security situation in North Kivu and South Kivu to inform operational decision-making. Close collaboration is maintained with the local branch of the DRC Red Cross to ensure access to updated security information from the field. Security information sharing and coordination are also conducted with the ICRC to support a coordinated Movement approach to security risk management.

Communication

- A media and communication plan was produced with the support of IFRC staff and is being implemented.
- A communications team from the IFRC, the DRC Red Cross and consultants carried out a mission to North Kivu. This made it possible to produce a [documentary film](#) to contribute to the resource mobilization effort: <https://x.com/mercylaker/status/1794041114950873308?s=48>
- In addition, the IFRC has helped organize several press conferences to help mobilize resources.
- Below are links to published articles:
 - <https://larepublique.net/?p=21515>
 - <https://www.ellefm.net/2024/03/01/crise-humanitaire-dans-lest-de-la-rdc-la-federation-internationale-de-la-croix-rouge-prete-a-intervenir-en-faveur-des-deplaces/>
 - <https://africa.cgtn.com/red-cross-warns-of-immense-crisis-in-dr-congo/>
 - <https://www.rfi.fr/en/international-news/20240308-red-cross-warns-of-immense-crisis-in-dr-congo>

D. FUNDING

The following table provides a summary of current financial status: income and expenditure.

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	0	27,201	-27,201
PO02 - Livelihoods	901,228	-11,436	912,664
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	218,198	895,852	-677,654
PO05 - Water, Sanitation & Hygiene	18,547	44,070	-25,523
PO06 - Protection, Gender and Inclusion	174,157	279,457	-105,299
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	697,536	591,289	106,247
PO10 - Community Engagement and Accountability	0	7,128	-7,128
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	2,009,667	1,833,562	176,105
EA01 - Coordination and Partnerships	35,750	118,079	-82,329
EA02 - Secretariat Services	1,326,041	678,369	647,672
EA03 - National Society Strengthening	195,759	86,266	109,493
Enabling Approaches Total	1,557,550	882,714	674,836
Grand Total	3,567,217	2,716,275	850,941

Contact information

For further information, specifically related to this operation please contact:

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- **Operational coordination:** Moise Kabongo Ngalula, Operations Director, email: moise.kabongo@yahoo.fr, phone: +243 852387181

In the IFRC Kinshasa Country / Country Cluster

- **IFRC Country Cluster Support Team:** Ariel KESTENS, Head of Country Cluster Delegation- Kinshasa, Ariel.KESTENS@ifrc.org, +41-79-955 4312

In the Africa Region

- **IFRC Regional Office for Africa DCC Manager:** Rui Alberto Oliveira, Regional Operations Lead, rui.oliveira@ifrc.org, +254 780 422276

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, Email: louise.daintrey@ifrc.org phone: +254 110 843 978

For In-Kind Donations and Mobilization table support:

- **Logistics Coordinator,** Nikola Jovanovic, Manager, Global Humanitarian Services & Supply Chain Management, email: Nikola.jovanovic@ifrc.org

For PMER (Planning, Monitoring, Evaluation, and Reporting) support:

- **IFRC Africa Regional Office:** Beatrice Okeyo, Regional Head PMER, and Quality Assurance; phone: +254 732 240 022, email: beatrice.okeyo@ifrc.org

Reference documents



Click here for:

- [Emergency Appeal](#) and [Operations Updates](#)
- [Operational Strategy](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.